

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Condie et al.
TITLE: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT
MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and
the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an
envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231
"EXPRESS No. EL 799 066 295 US, on this 31st day of August, 2001
Sue McCoy

Printed Name

Sue McCoy

Signature

09/945195
08/31/01

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

T0/TC/80
Sir:

We are transmitting herewith the attached:

Patent Application Transmittal
 Specification: Total pages: 50_(including claims and abstract: Spec. 35 sheets; Claims 14 sheets; Abstract 1
 Drawings:

Total sheets: 21
 formal informal

Combined Declaration and Power of Attorney: (UNEXECUTED)

newly executed
 copy from prior application
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a
 Assignment of the Invention to Medtronic, Inc.
 Assignment cover sheet
 Information Disclosure Statement
 PTO Form 1449
 Copies of IDS citations
 Preliminary Amendment
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
 Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional Continuation-in-part (CIP)
of prior application No. / _____.

Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part of application number _____, filed _____.

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _____.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
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 Minneapolis, Minnesota 55432
 phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	78	20	= 58	x 18	1044
Independent Claims	9	3	= 6	x 80	480
Multiple Dependent Claims	0		0	+ 270	0
Basic Filing Fee					710
				TOTAL	2234

Charge Deposit Account No. 13-2546 the sum of \$2234.00 (Filing Fee) for a total of **\$2234.00**.
 The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/31/01
 Date


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